Summary of the NIH AOS Survey 2019

PURPOSE:

To get a data-driven idea of the challenges faced by our constituents and to identify where we can act to make policies and processes better for the NIH IRP community

Summary of the NIH AOS Survey 2019

1295

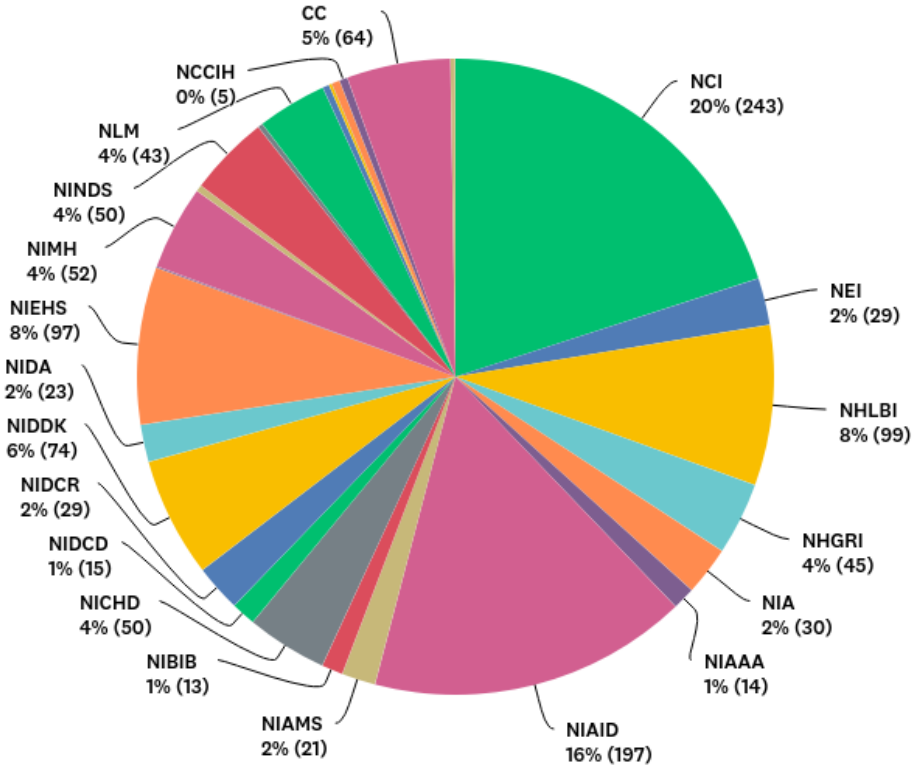
Total Responses

Date Created: Sunday, October 13, 2019

Complete Responses: 1053

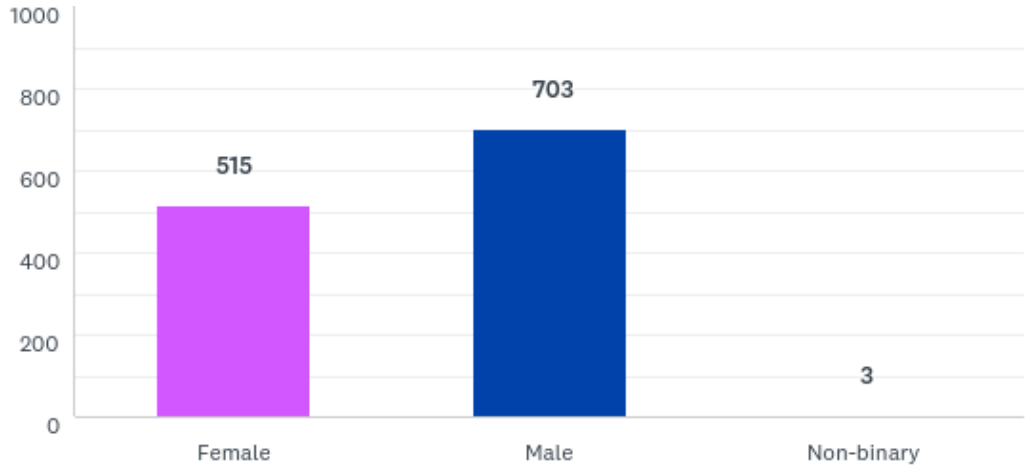
Q1: What institute or center do you work in?

Answered: 1,215 Skipped: 80



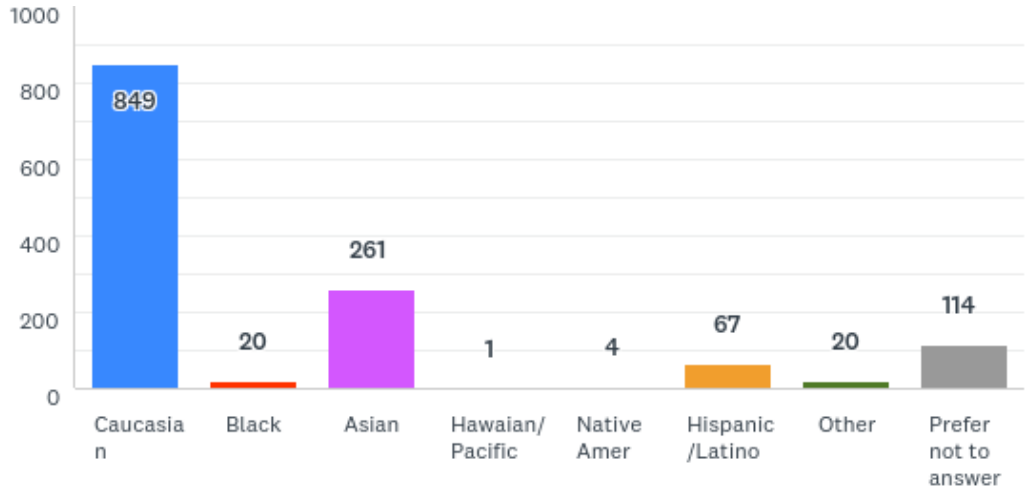
Q2: What is your gender?

Answered: 1,292 Skipped: 3



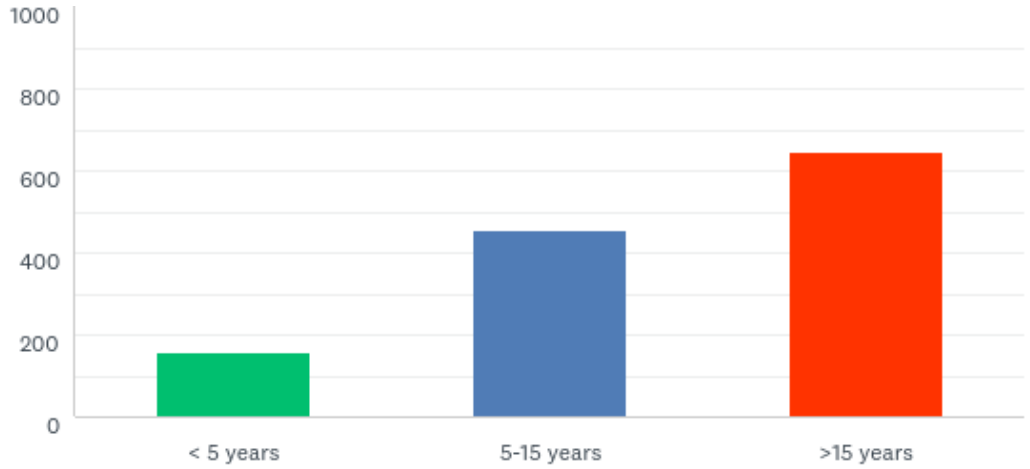
Q3: What is your race/ethnicity? (choose all that apply)

Answered: 1,288 Skipped: 7



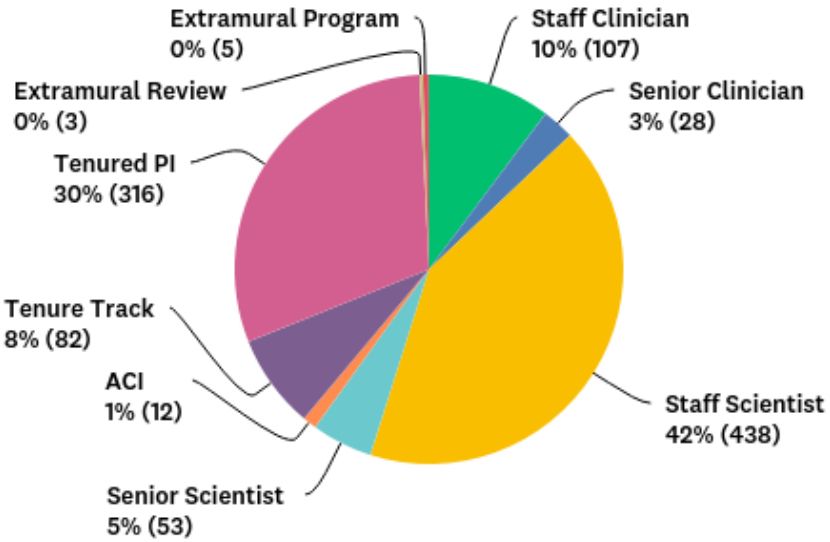
Q4: How long have you worked at the NIH?

Answered: 1,290 Skipped: 5



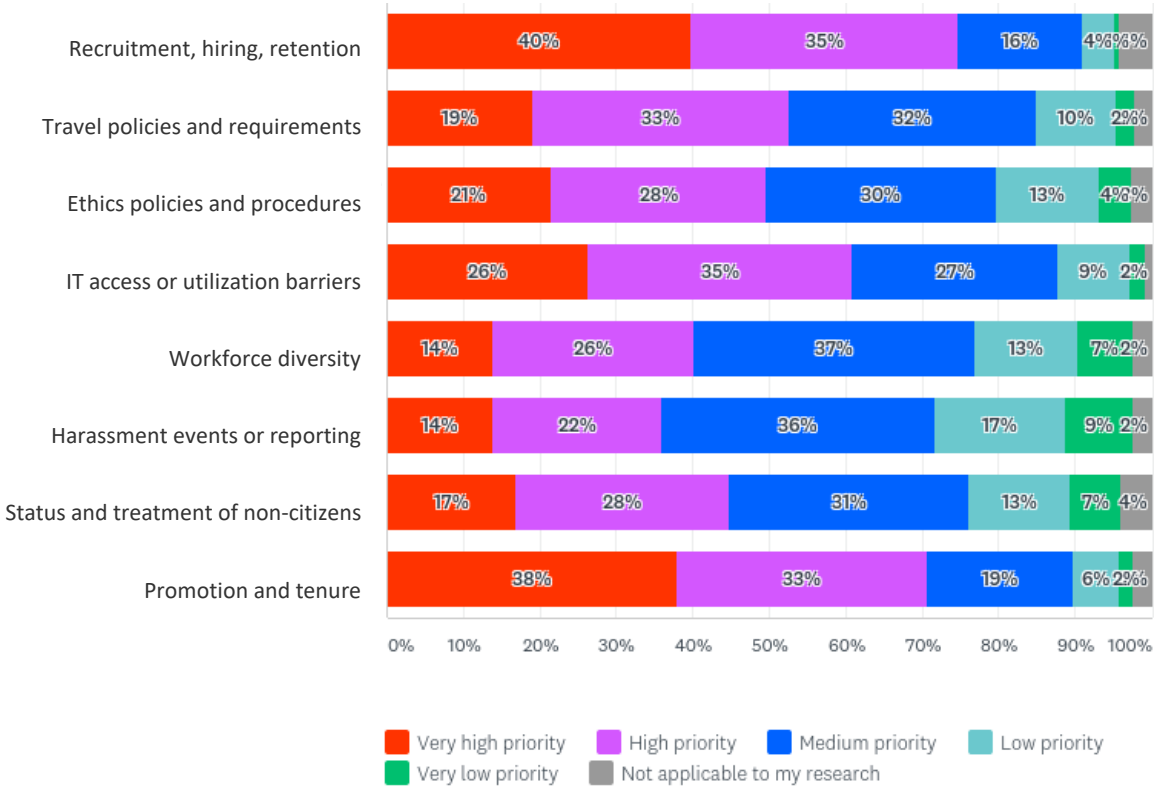
Q13: What is your position at NIH?

Answered: 1,044 Skipped: 251



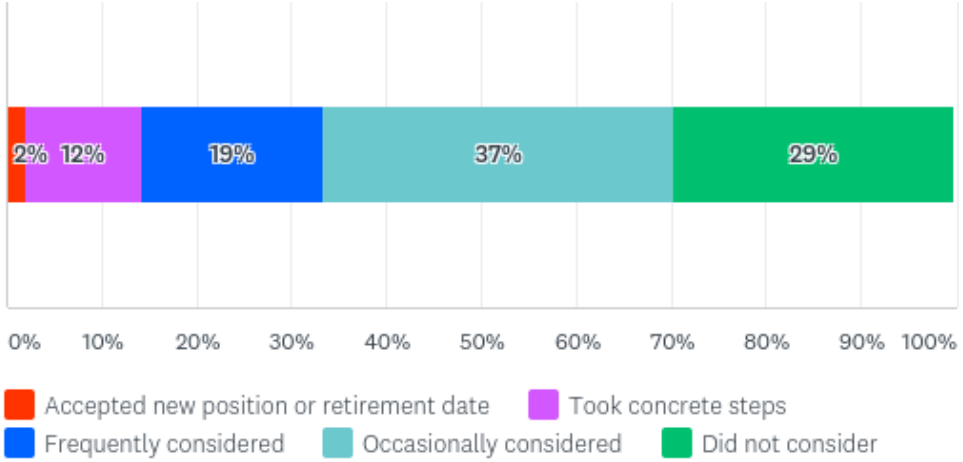
Q5: The AOS Council would like to focus on addressing issues that significantly affect your productivity and NIH job satisfaction. Please rate the priority/urgency of each area listed below.

Answered: 1,154 Skipped: 141



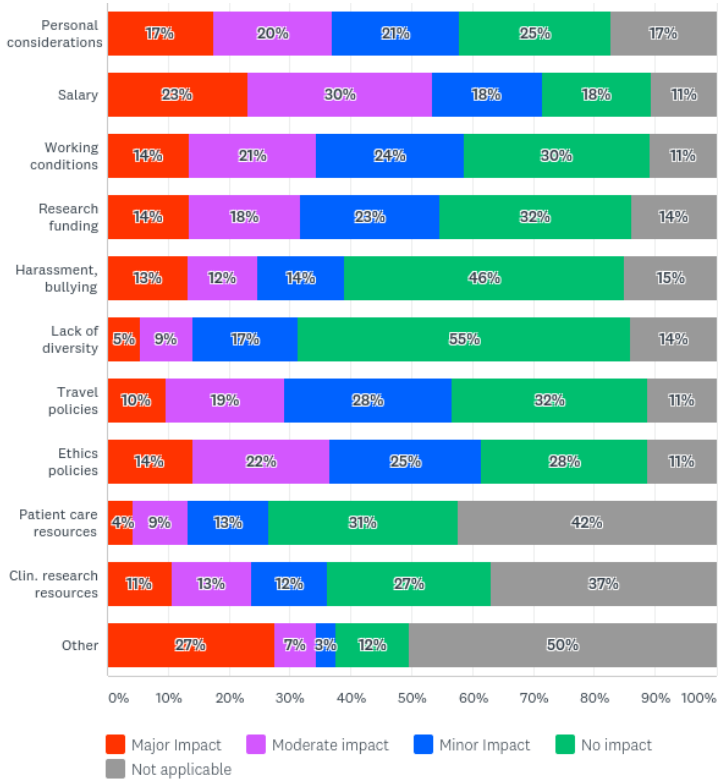
Q6: In the past year, have you considered leaving or retiring from the NIH?

Answered: 1,149 Skipped: 146



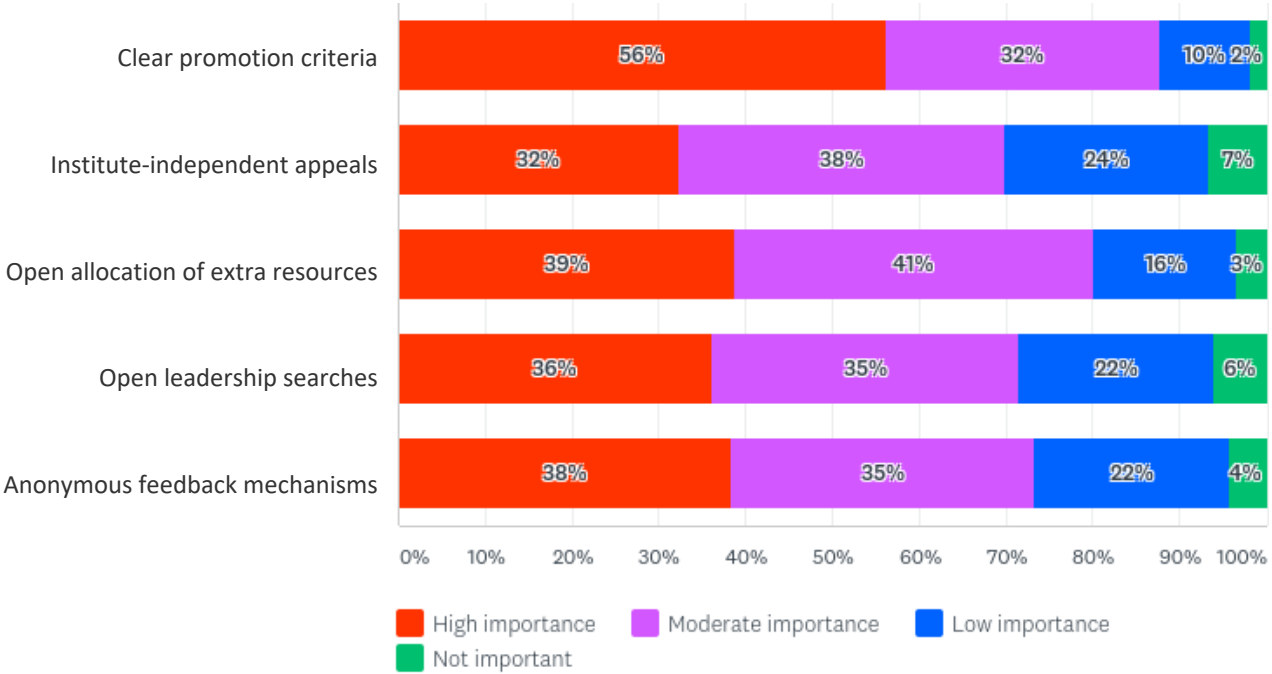
Q7: If you have had thoughts or made plans to leave or retire from the NIH, please rate the importance of the following factors in your decision:

Answered: 996 Skipped: 299



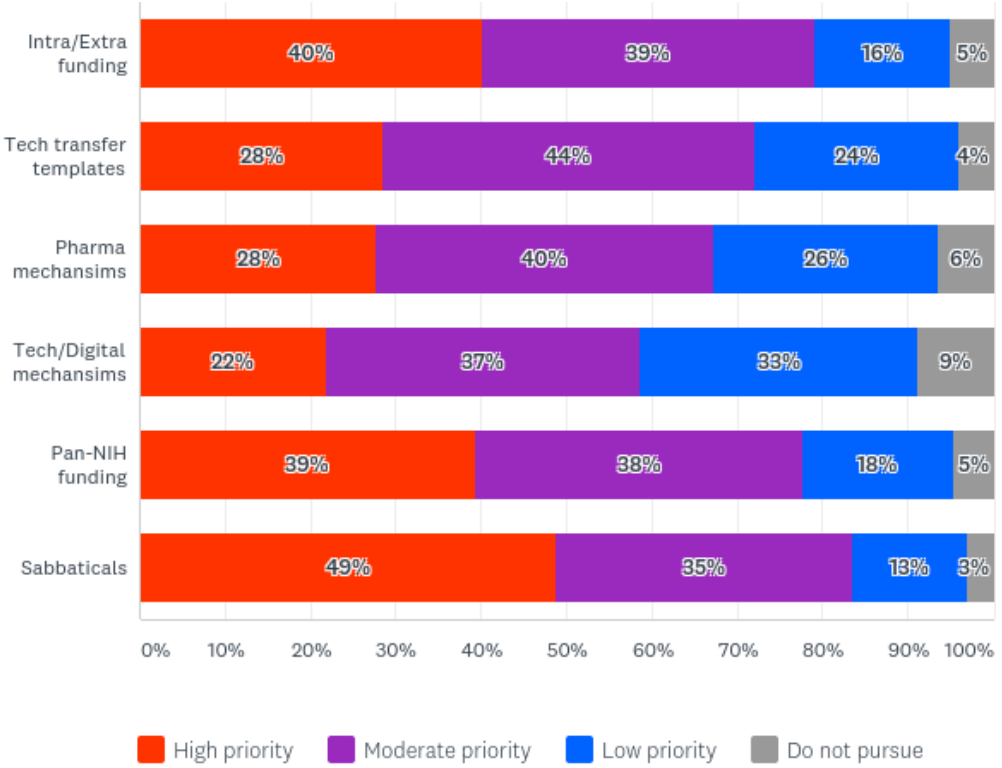
Q8: How important would wider availability or stricter implementation of the following processes be to your work effectiveness and/or satisfaction?

Answered: 1,068 Skipped: 227



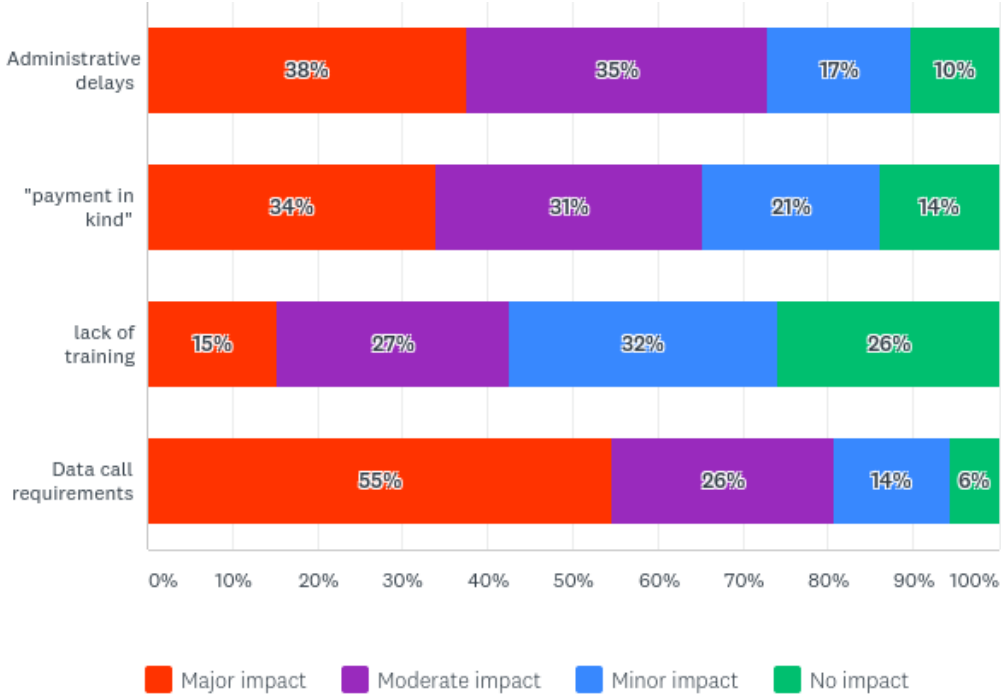
Q9: Please prioritize the following potential innovations to facilitate open and productive research collaborations:

Answered: 1,058 Skipped: 237



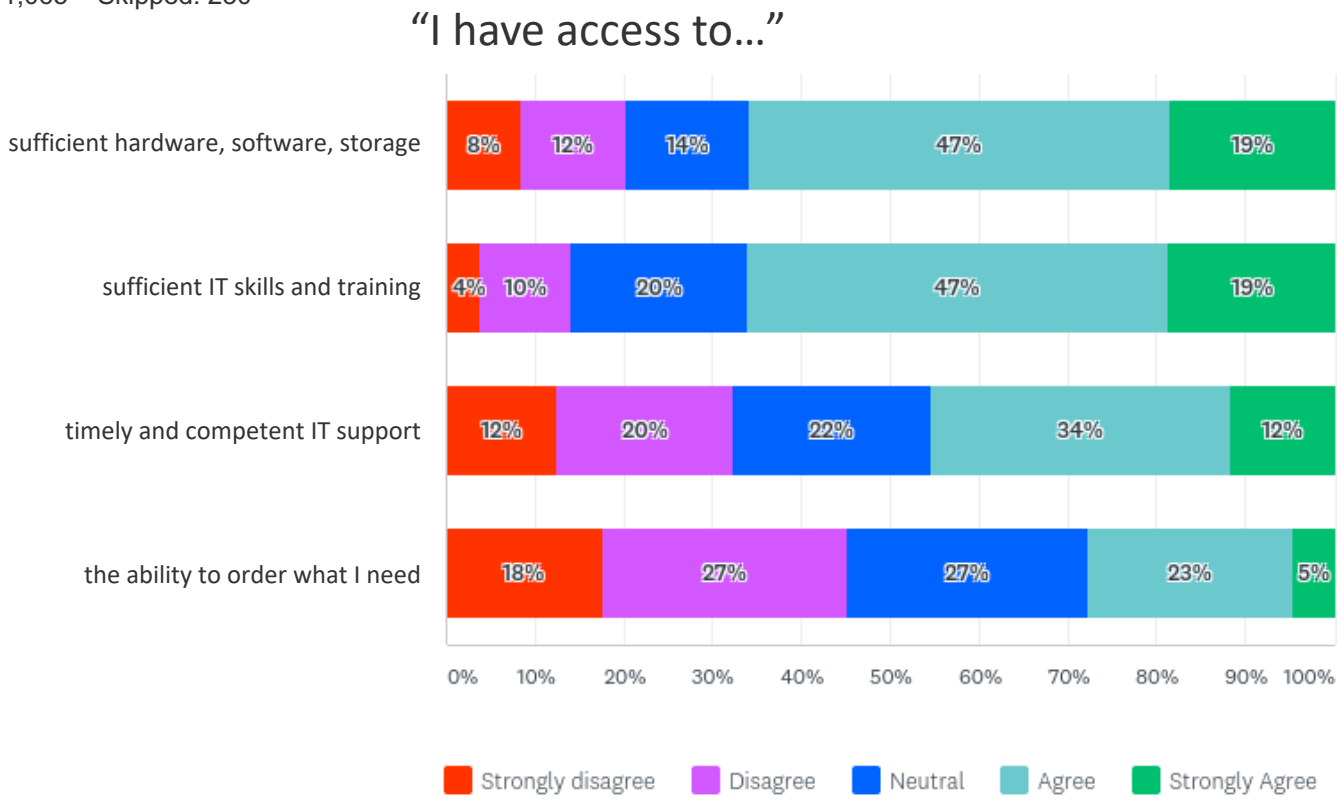
Q10: Over the past several years, many travel procedures have been simplified at the NIH level, however, problems may remain and processes may differ significantly across institutes. We are interested whether any of the follow issues have impeded you or your research group's effective and efficient participation in meetings or conferences over the past two years.

Answered: 1,058 Skipped: 237



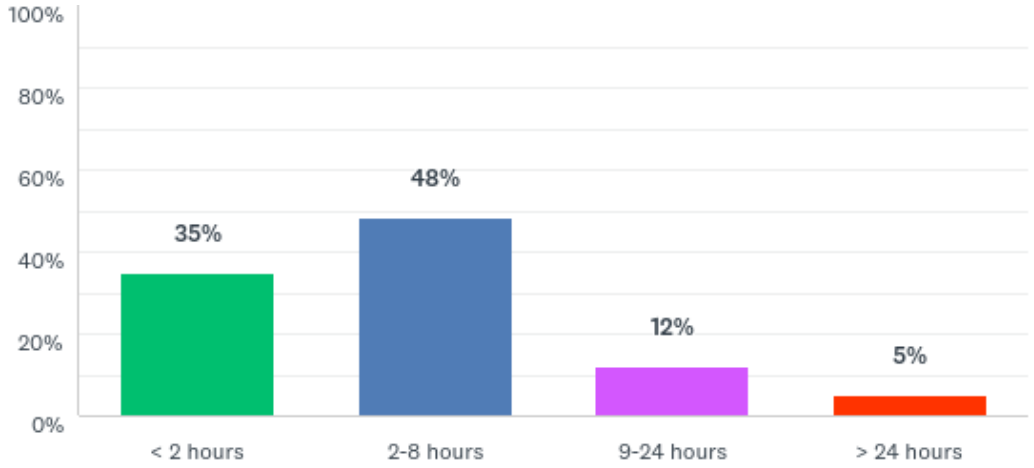
Q11: The AOS Council works closely with the the NIH Office of the Chief Information Officer and CIT regarding IT policies and issues. Please respond to the following statements:

Answered: 1,065 Skipped: 230



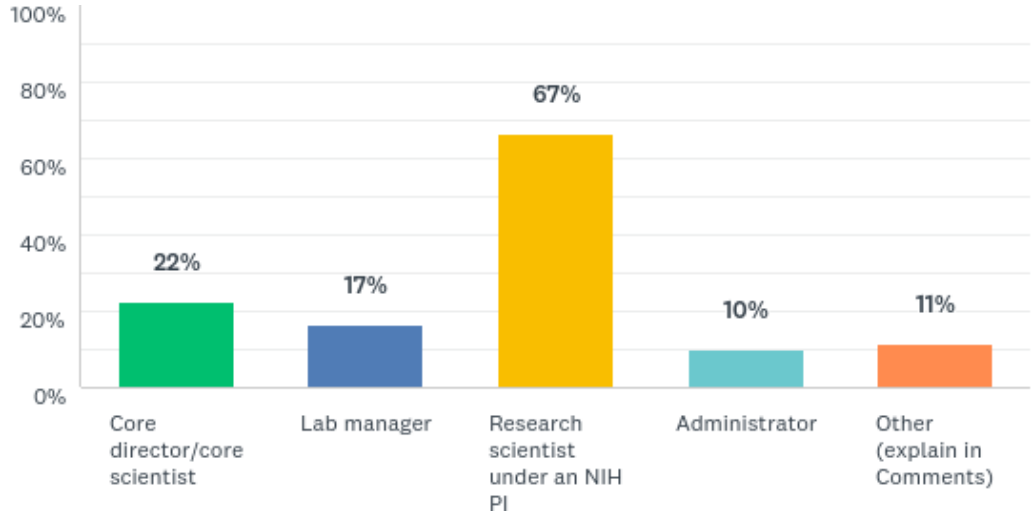
Q12: In a typical month, how many hours do you spend on IT-related issues or problems (not including required IT training) taking time away from effective performance of your official duties

Answered: 1,059 Skipped: 236



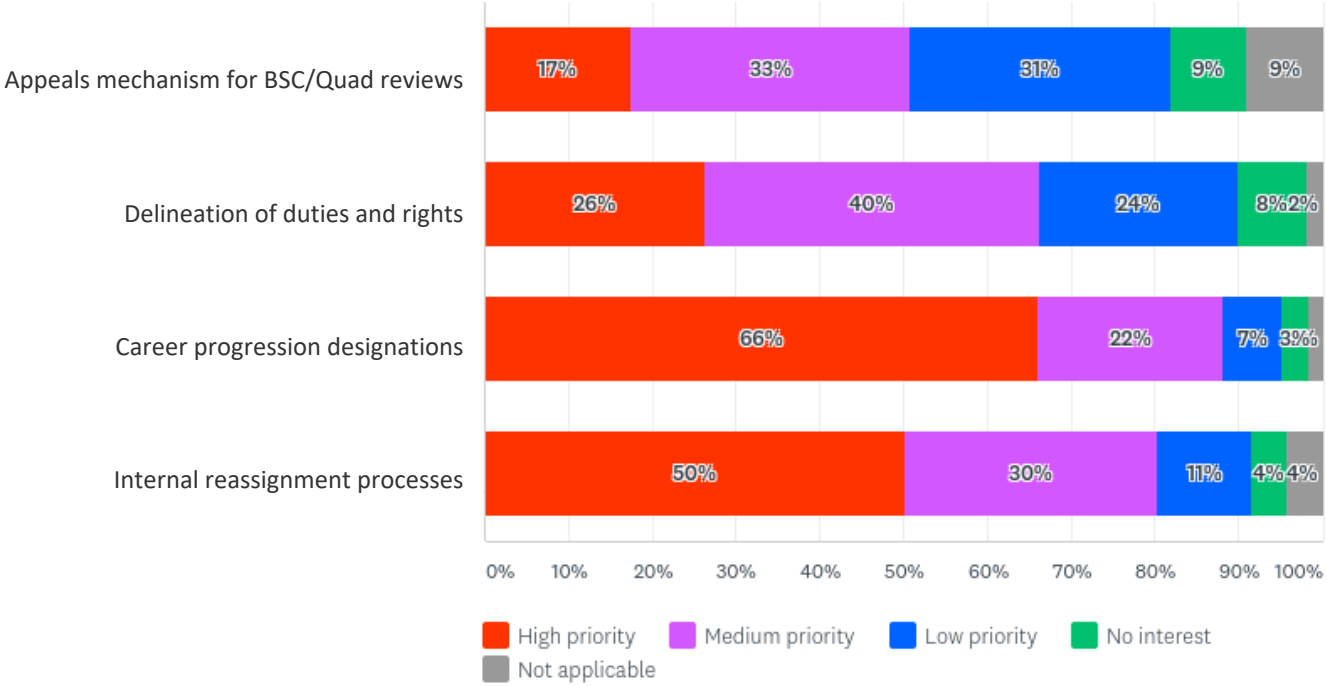
Q14: What is/are your predominant role(s) as an NIH Staff Scientist or Senior Scientist? (select all that apply): STAFF SCIENTISTS ONLY

Answered: 490 Skipped: 805



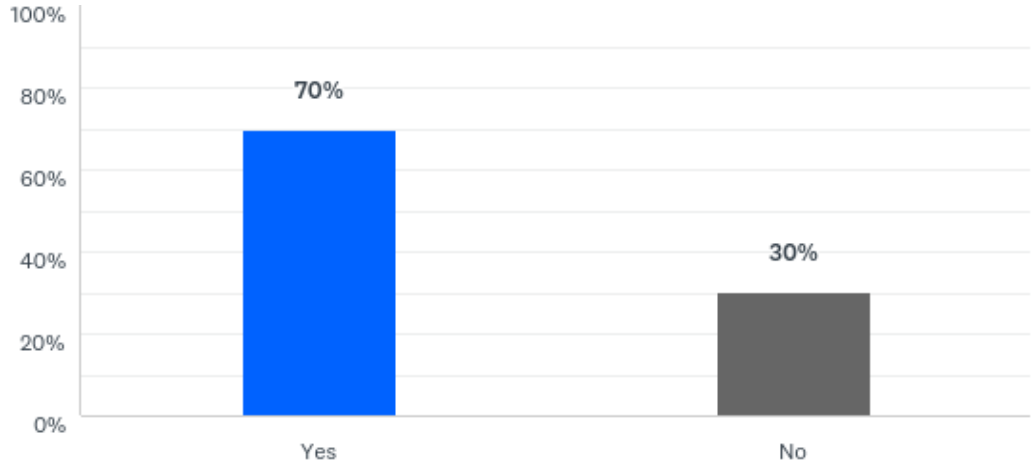
Q15: Please rate the priority of implementing the following potential policies/processes for improving your productivity and/or work satisfaction: STAFF SCIENTISTS ONLY

Answered: 494 Skipped: 801



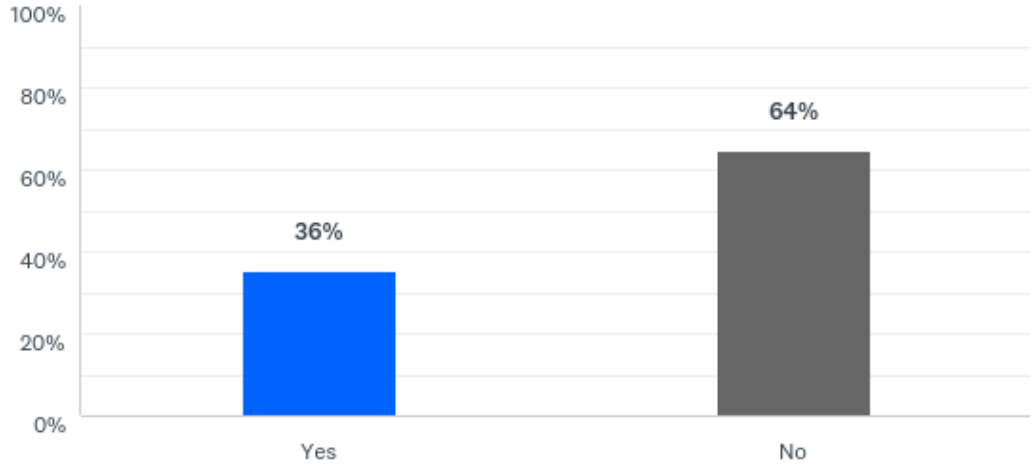
Q16: Have you received an official designation as an Assistant, Associate or Senior Research Physician or Senior Clinician from your institute? STAFF CLINICIANS ONLY

Answered: 135 Skipped: 1,160



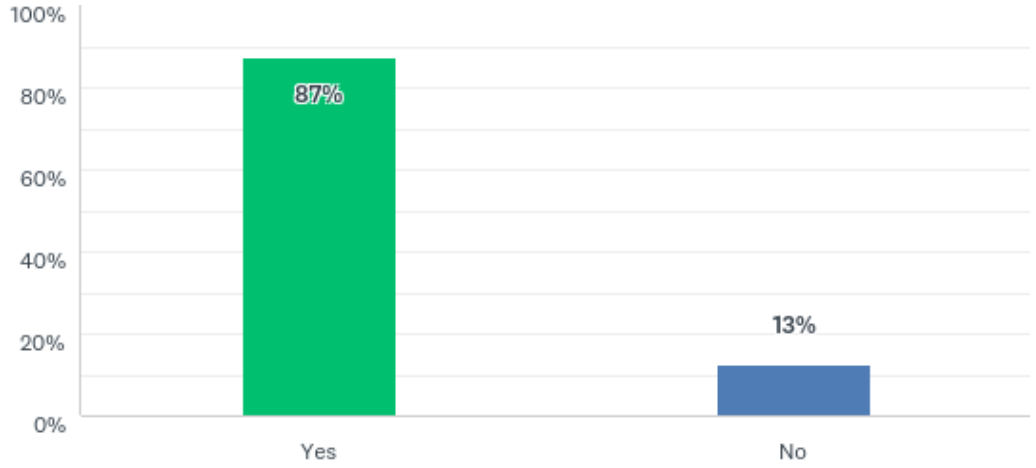
Q17: Have you ever received or signed a Letter of Agreement specifying some or all of the following: distribution of your effort, access to time and/or resources for independent research, support for travel, support for continuing eduction etc? STAFF CLINICIANS ONLY

Answered: 135 Skipped: 1,160



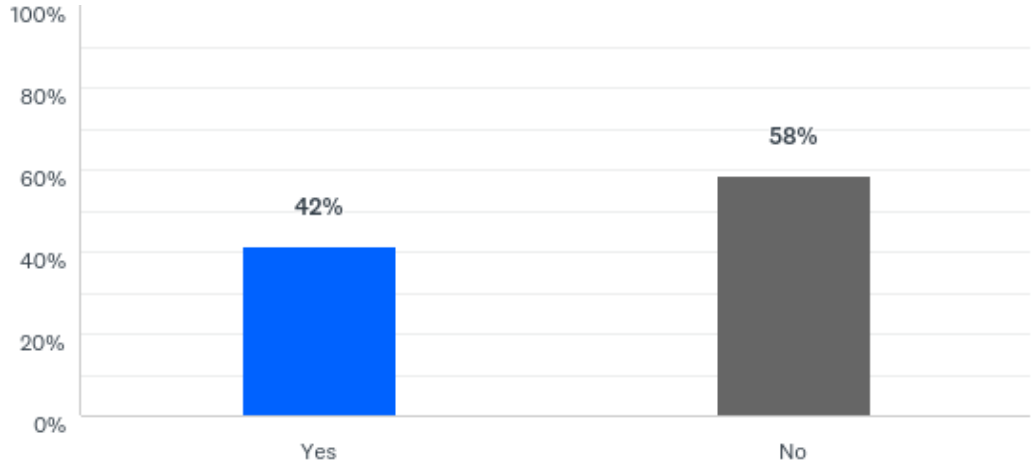
Q18: Have you received support to travel to at least one meeting or course per year for CME or other purposes? STAFF CLINICIANS ONLY

Answered: 134 Skipped: 1,161



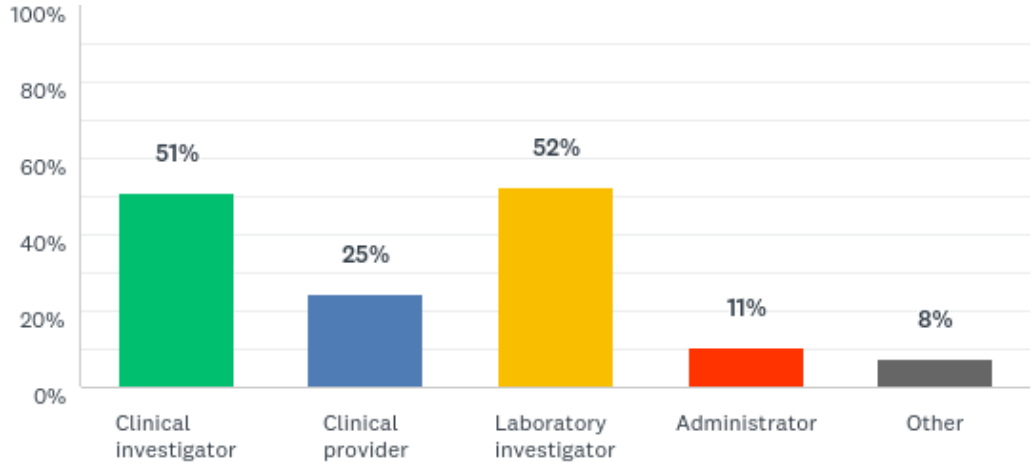
Q19: Are you involved with or dependent on clinical research occurring within the the NIH intramural program?

Answered: 1,038 Skipped: 257



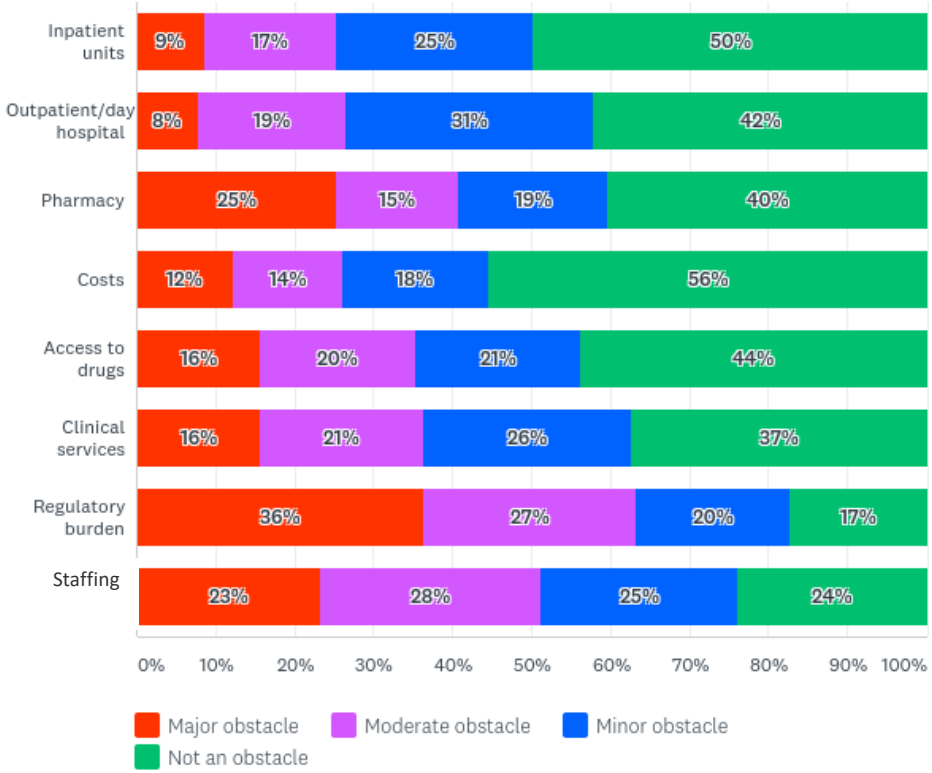
Q20: Which of the following describes your involvement with clinical research? (choose all that are relevant) THOSE ANSWERING YES ON Q19 ONLY

Answered: 428 Skipped: 867



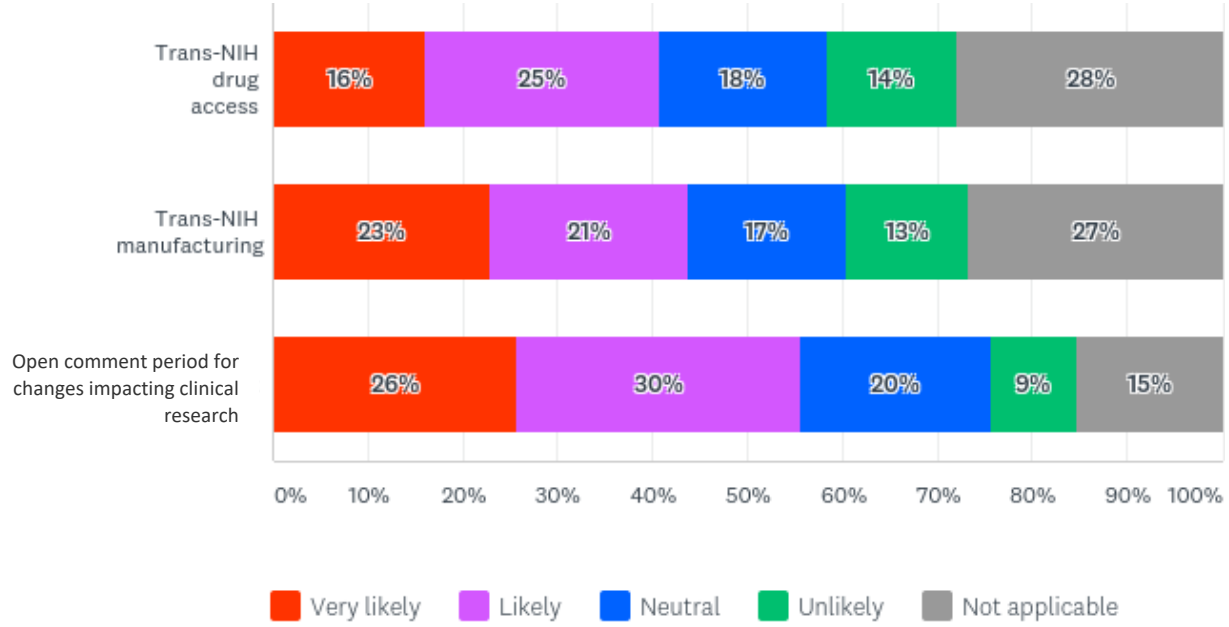
Q21: Have the following impacted on your ability to carry out effective clinical research activities over the past year? THOSE ANSWERING YES ON Q19 ONLY

Answered: 423 Skipped: 872

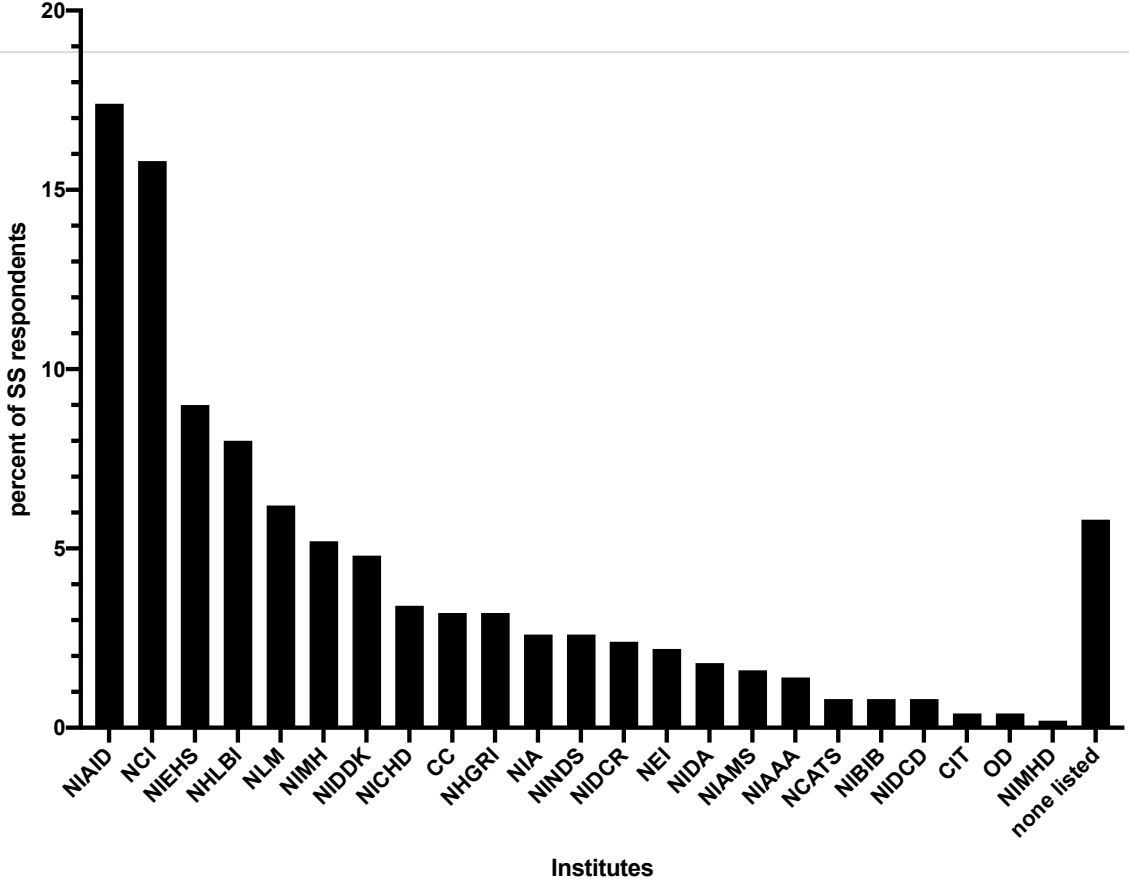


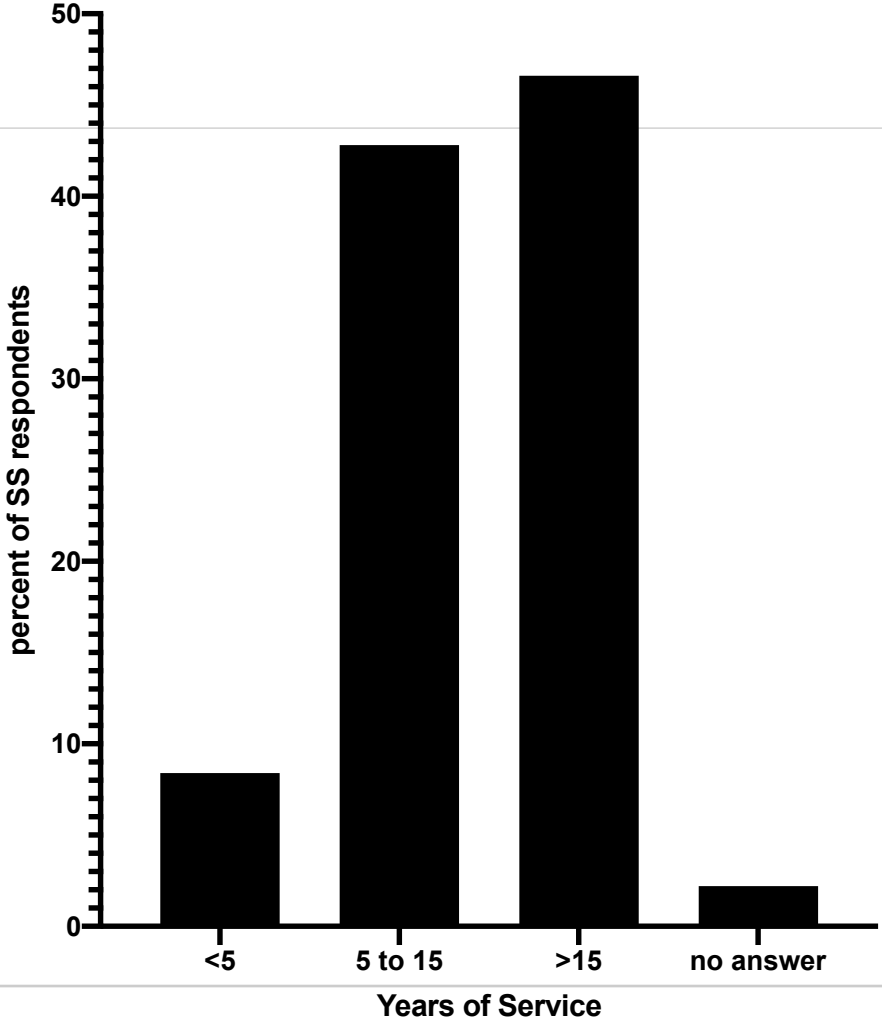
Q22: Would these possible trans-NIH initiatives be likely to enhance your clinical research effectiveness? THOSE ANSWERING YES ON Q19 ONLY

Answered: 421 Skipped: 874



NIH AOS Survey 2019: STAFF SCIENTIST focus





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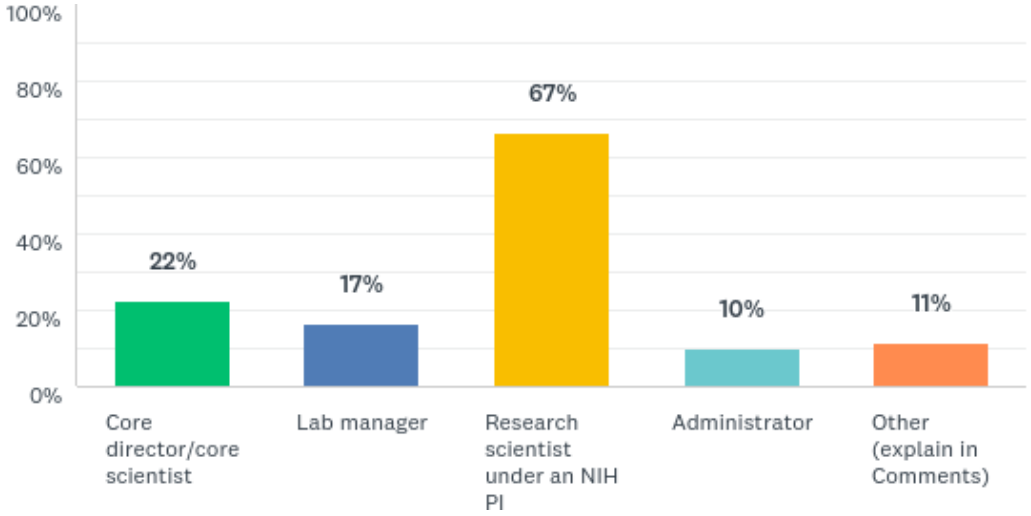

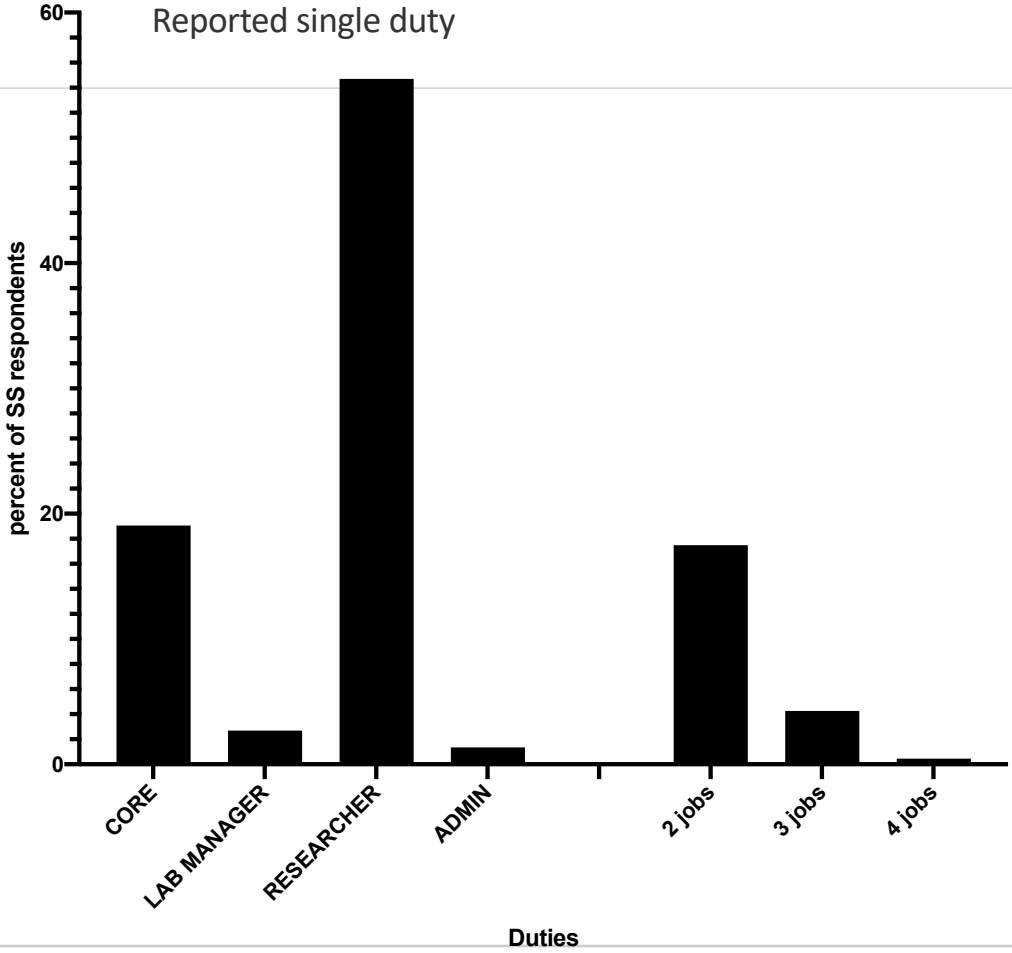

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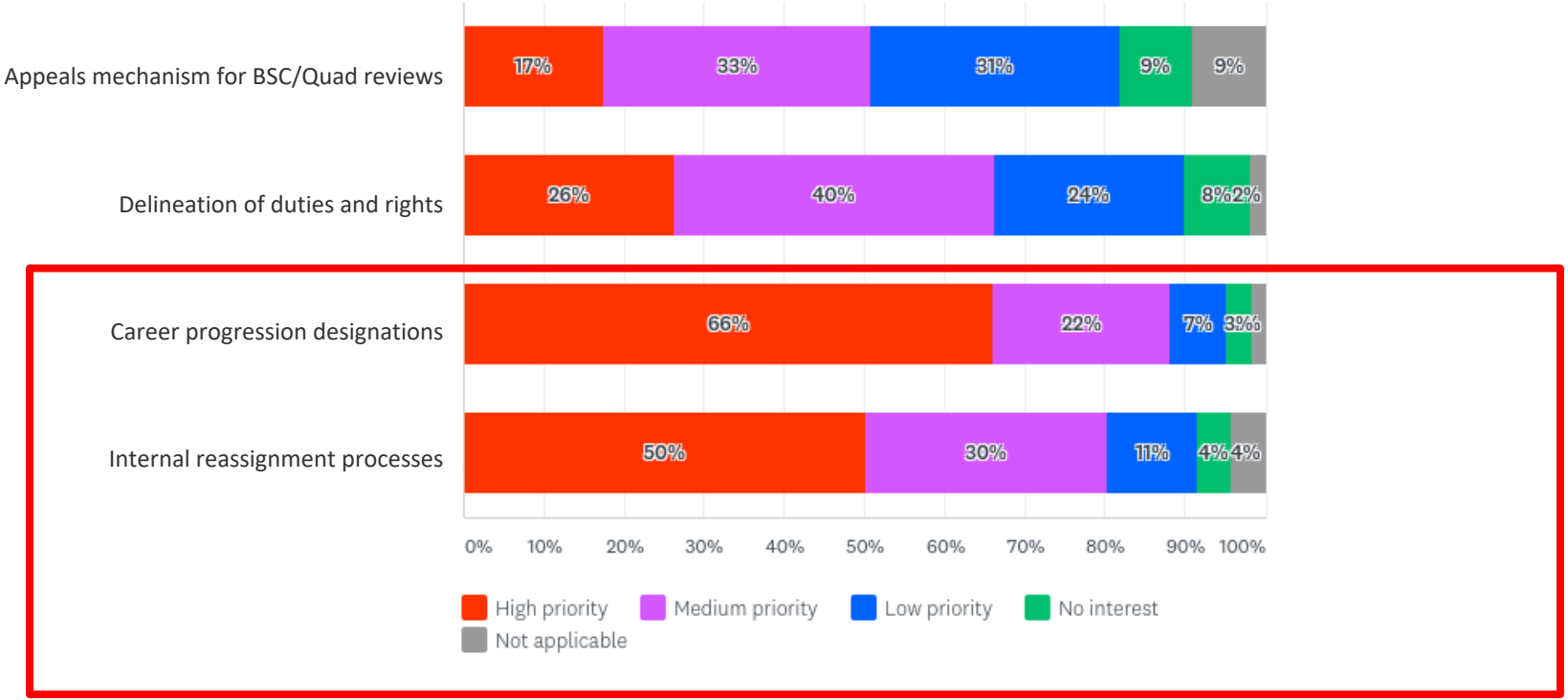
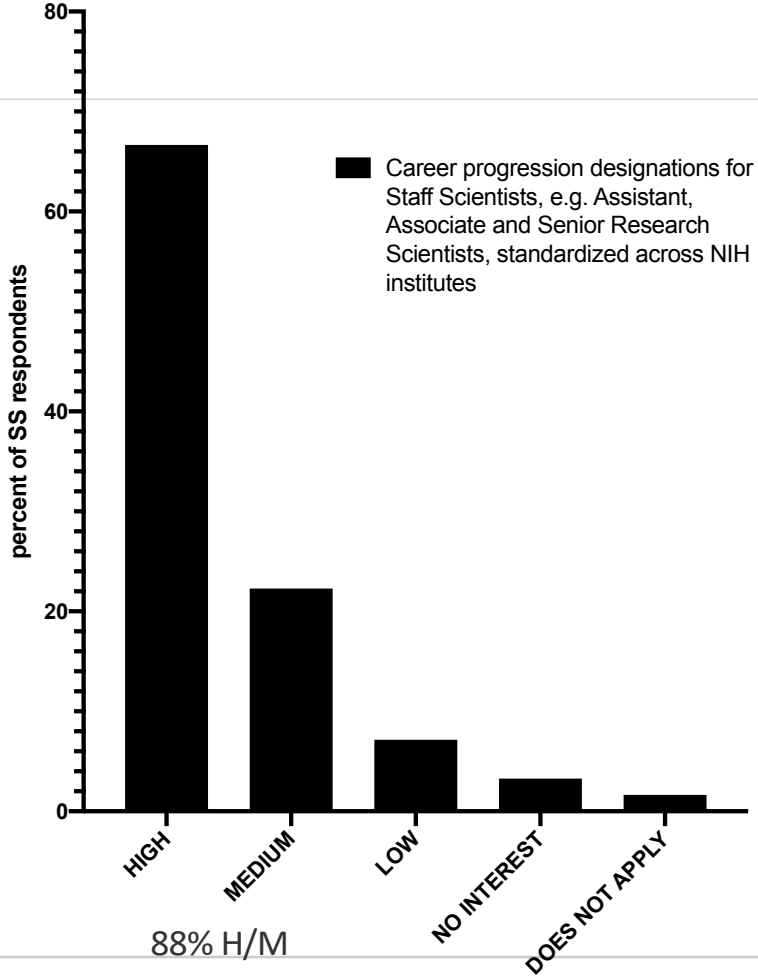
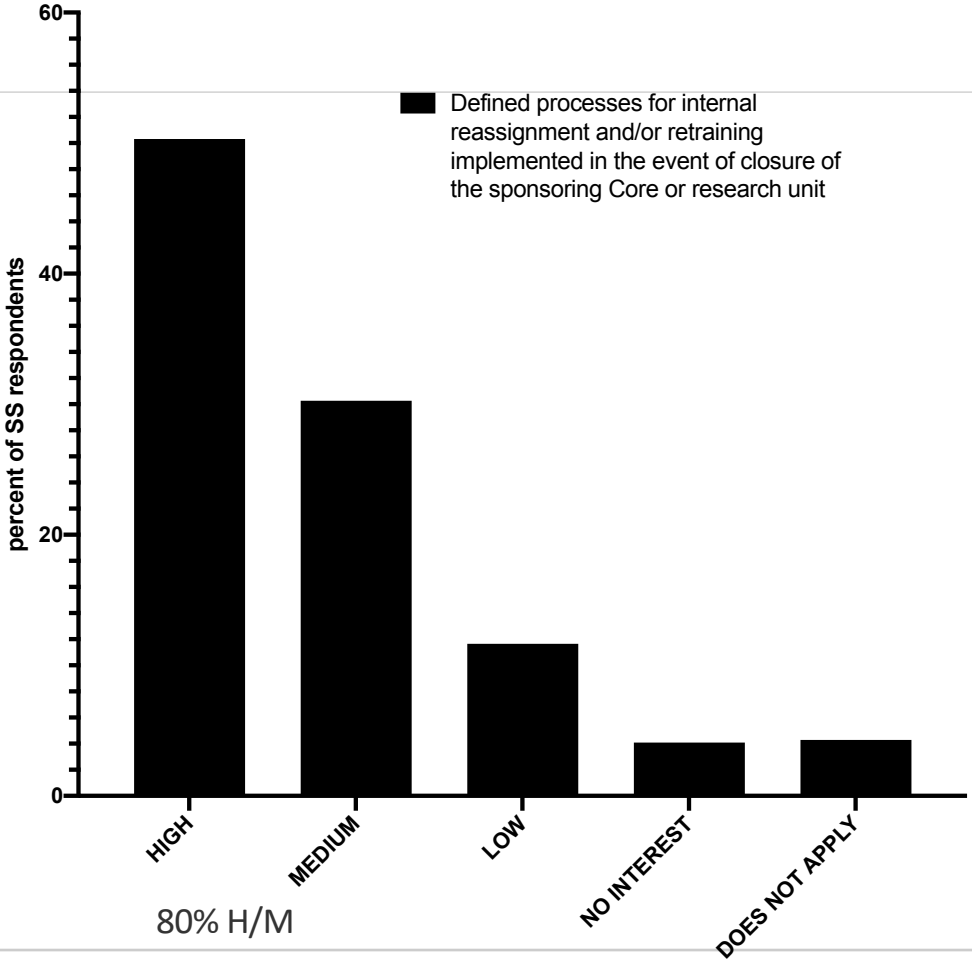




88% H/M

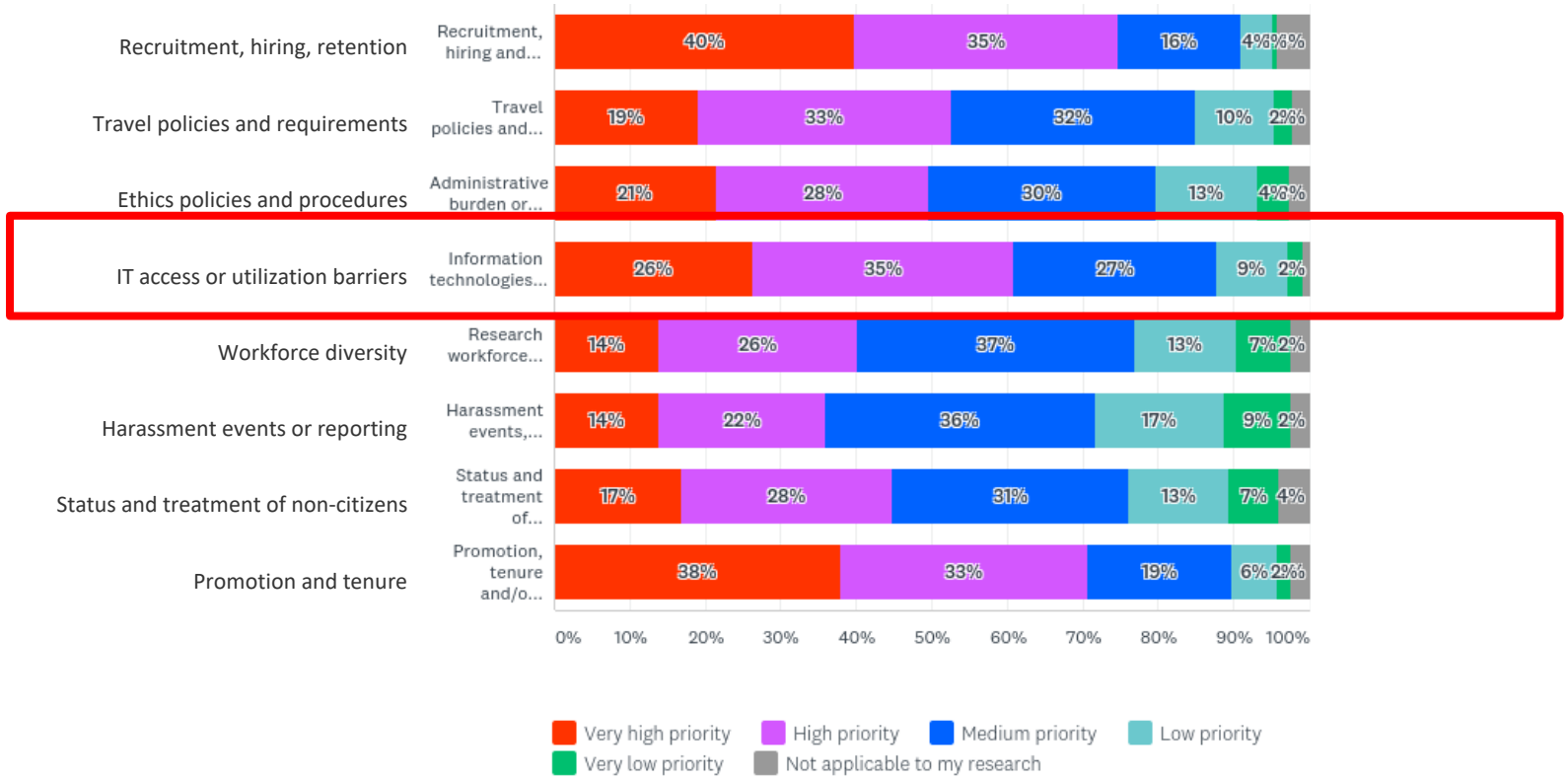


80% H/M

NIH Assembly Of Scientists Survey 2019: IT focus

Q5: The AOS Council would like to focus on addressing issues that significantly affect your productivity and NIH job satisfaction. Please rate the priority/urgency of each area listed below.

88% Med+Hi



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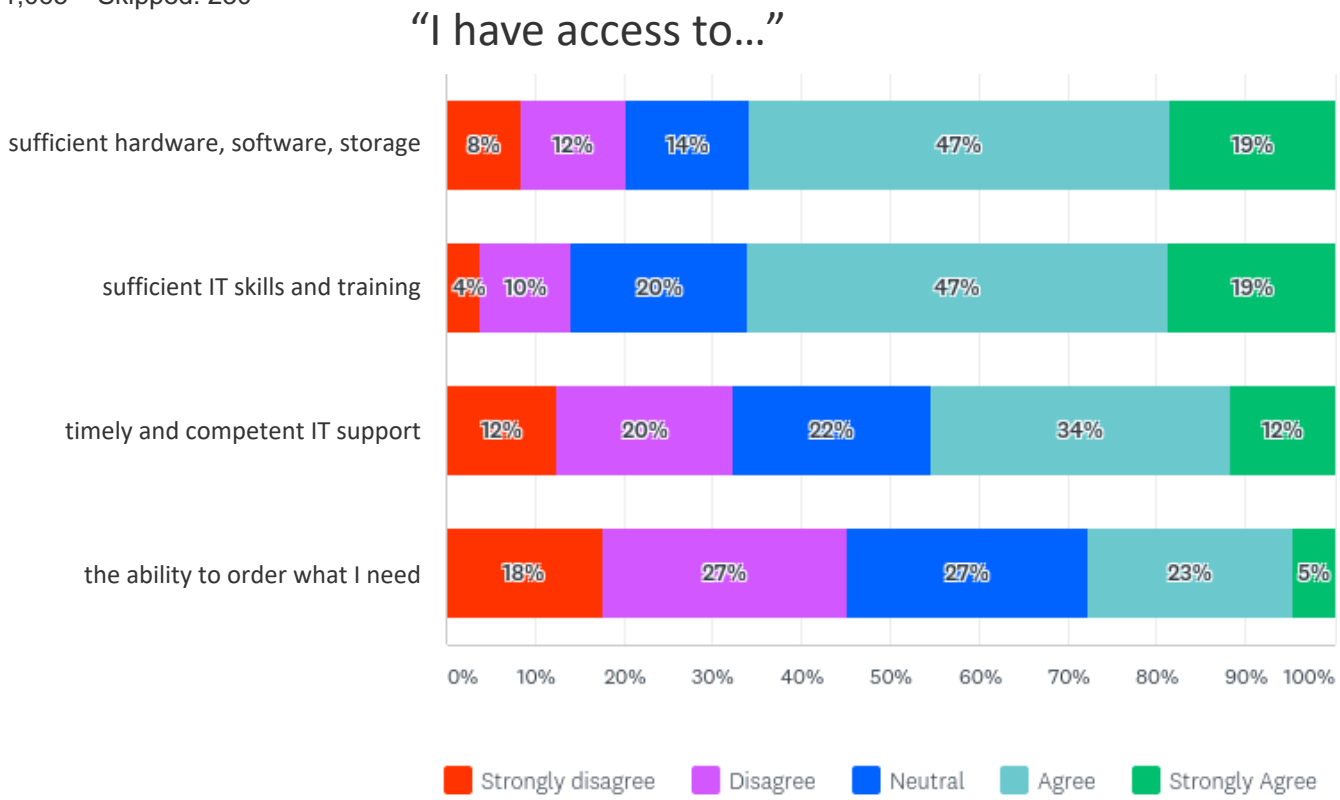


Comment Summary

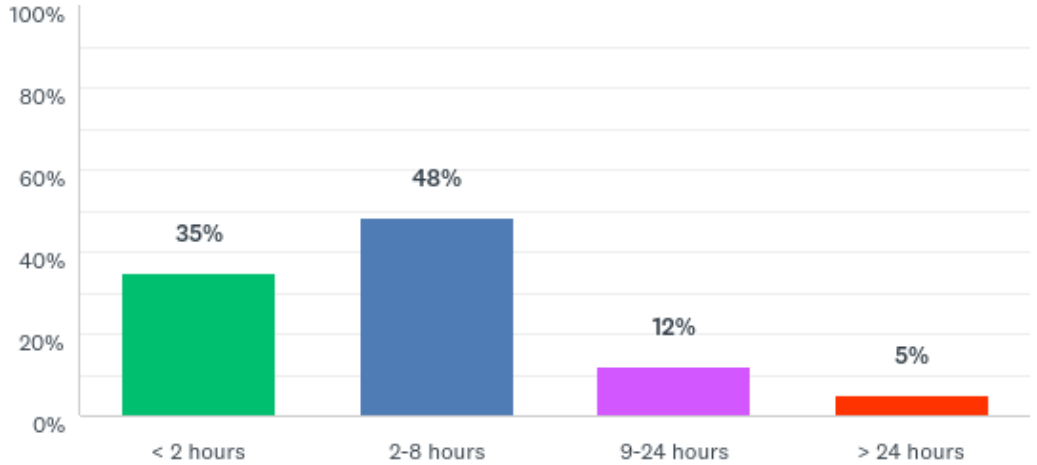
ISSUE area	Negative = 144	neg_notes
IT support/staff	43	understaffed, poorly trained, need 'after hours' support, no MAC support, poor support on travel, life-threatentingly slow for physicians
Security requirements	29	obstacle to work, too inflexible, security trumps science, off-site interface impossible
IT hardware ordering/receiving	24	too slow (months to YEARS), inconvenient, unecessary replacements, non-standard impossible to get
Software acquisition/updates/rollout	21	too many updates = work loss, malfunction frequently, slow to acquire (weeks-years), poor choices, limited licenses (capacity) , too enslaved to Microsoft products
data management/storage/network	8	no support, restricted, no backup, network too slow
OVERALL	5	barrier to research (ordering, security, etc.) Each IC reinvents the wheel..policies inconsistent
PIV-Browser- Application incompatibility	4	eats time
IT user training/awareness	4	lack for mobile apps, poor off main campus, specific software training needed, unadvertised resources
email access POE	3	access concerns/problems
HPC capacity	2	not sufficient
IT communications/meetings access	1	most workshops unsupported
	CONCLUSION	**IT policies and practices are a BARRIER TO RESEARCH!**

Comment Summary

ISSUE area	Positive = 24	pos_notes
IT support/staff	13	good during 9-5 hours, great personnel
Security requirements		
IT hardware ordering/receiving	2	good process
Software acquisition/updates/rollout	1	OK on delivery
data management/storage/network		
OVERALL	6	excellent team, good resources
PIV-Browser- Application incompatibility		
IT user training/awareness		
email access POE		
HPC capacity	3	good staff/support
IT communications/meetings access		
	CONCLUSION	People tend to like their personal IT staff

Q12: In a typical month, how many hours do you spend on IT-related issues or problems (not including required IT training) taking time away from effective performance of your official duties

Answered: 1,059 Skipped: 236



HOURS LOST by IC

	Hours lost/month: < 2	2 to 8	9 to 24	>24	respondents	minumum lost person hours	hours lost/ respondent
CC	16	26	12	4	58	256	4.4137931
CIT	1			1	2	24	12
CSR	2				2	0	0
NCATS	3	1			4	2	0.5
NCCIH	1	3			4	6	1.5
NCI	69	90	30	7	196	618	3.15306122
NEI	4	12	5	3	24	141	5.875
NHGRI	8	21	3	1	33	93	2.81818182
NHLBI	30	45	5	2	82	183	2.23170732
NIA	11	11	1	1	24	55	2.29166667
NIAAA	5	5	1		11	19	1.72727273
NIAID	48	74	29	11	162	673	4.15432099
NIAMS	4	7	6	2	19	116	6.10526316
NIBIB	1	7	1		9	23	2.55555556
NICHD	15	21	7	1	44	129	2.93181818
NIDA	4	11		4	19	118	6.21052632
NIDCD	2	11	2		15	40	2.66666667
NIDCR	10	12	1		23	33	1.43478261
NIDDK	30	24	4	3	61	156	2.55737705
NIEHS	34	37	4	6	81	254	3.13580247
NIMH	10	26	6	1	43	130	3.02325581
NIMHD	2	2			4	4	1
NINDS	15	21	5	1	42	111	2.64285714
NINR		1		1	2	26	13
NLM	18	12	1	3	34	105	3.08823529
no affiliation	22	31	6	6	65	260	4
OD	2				2	0	0
Grand Total	367	511	129	58	1065	3575	3.35680751

Ranked by IC- HOURS LOST by IC

	Hours Lost/month: <2	2 to 8	9 to 24	>24	respondents	minumum lost person hours	hours lost/ respondent
NINR		1		1	2	26	13
CIT	1			1	2	24	12
NIDA	4	11		4	19	118	6.21052632
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NIAAA	5	5	1		11	19	1.72727273
NCCIH	1	3			4	6	1.5
NIDCR	10	12	1		23	33	1.43478261
NIMHD	2	2			4	4	1
NCATS	3	1			4	2	0.5
CSR	2				2	0	0
OD	2				2	0	0

	Hours Lost: <2	2 to 8	9 to 24	>24	respondents	minumum lost person hours	hours lost/ respondent
NINR		1		1	2	26	13
CIT	1			1	2	24	12
NIDA	4	11		4	19	118	6.21052632
NIAMS	4	7	6	2	19	116	6.10526316
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NIDCR	10	12	1		23	33	1.43478261
NIMHD	2	2			4	4	1
NCATS	3	1			4	2	0.5
CSR	2				2	0	0
OD	2				2	0	0

Minumum AVE Hours Lost/month = 3.35680751

Hours lost by Job description

	Hours lost/month: <2	2 to 8	9 to 24	>24		respondents		minumum lost person hours			hours lost/ respondent
ACI	2	6	3	1		12		63			**5.25**
Extramural Program Officer	4	1				5		2			0.4
Extramural Review Officer	2	1				3		2			0.66666667
Investigator (Tenure-Track)	25	45	7	5		82		273			3.32926829
Senior Clinician	4	17	7			28		97			3.46428571
Senior Investigator (Tenured)	94	162	45	14		315		1065			3.38095238
Senior Scientist	17	26	6	5		54		226			4.18518519
Staff Clinician	26	56	19	5		106		403			3.80188679
Staff Scientist	182	186	42	25		435		1350			3.10344828
unspecified	11	11		3		25		94			3.76
Grand Total	367	511	129	58		1065		3575			3.35680751

Ranked- Hours lost by Job description

	Hours lost/month: <2	2 to 8	9 to 24	>24		respondents		minumum lost person hours		hours lost/ respondent
ACI	2	6	3	1		12		63		**5.25**
Senior Scientist	17	26	6	5		54		226		**4.18518519**
Staff Clinician	26	56	19	5		106		403		**3.80188679**
unspecified	11	11		3		25		94		**3.76**
Senior Clinician	4	17	7			28		97		**3.46428571**
Senior Investigator (Tenured)	94	162	45	14		315		1065		3.38095238
Investigator (Tenure-Track)	25	45	7	5		82		273		3.32926829
Staff Scientist	182	186	42	25		435		1350		3.10344828
Extramural Review Officer	2	1				3		2		0.66666667
Extramural Program Officer	4	1				5		2		0.4

Some (Radical) Ideas for OCIO and CIT:

Publicly recognize the pain.

Promote researcher involvement in IT policy and process creation/implementation.

Listening tour: Townhall for each IC and especially the CC

Set up website for suggestions-highlight the good ones

Set up Hotline for critical issues, not just the ‘help’ line

Consider re-centralization of (some, many, most?) IT functions and services.
IC’s inefficiently and inconsistently re-invent the wheel

NIH Assembly of Scientists Survey 2019: Travel summary

Overview:

Data from the survey conducted by the NIH Assembly of Scientists (AOS) in the Fall of 2019, with the support of Dr. Gottesman's office, from over 1000 federal scientists involved in the Intramural Research Program (IRP) is the basis for this analysis. Prominent among the concerns about travel were "**administrative delays**" and "**data call requirements**".

Among the broad list of topics critical to the success of the IRP, travel was generally in the **second tier**, when considered across the entire NIH scientific staff. Other areas of greater concern than travel were: 1) Recruitment, hiring, retention; 2) IT access or utilization barriers; 3) Promotion, tenure. Across the entire cohort, 19% rated travel issues as a very high priority and 33% as a high priority.

The sub-group that registered the greatest overall concern about travel was **tenure tracks**. Travel is the third greatest concern within this group (after recruitment, hiring, retention; and Promotion, tenure), with a 72% (= 39% high and 33% very high priority) priority rating for travel. Tenure track scientists rating travel as a medium, high or very high concern amount to 93% of all tenure tracks! By this criterion it is clearly within the cluster of the top 3 concerns. It seems that rules and policies for NIH travel, which is essential for building one's reputation in a field and for gaining tenure, are causing much anxiety and impact during the tenure process.

Question 10 attempts to break down the data on travel-related concerns to specific aspects:

As a medium, high or very high concern, 90% of respondents say that "**administrative delays**" have impeded, to at least some extent, their effective and efficient participation in meetings or conferences over the past two years. The comparable percent for "**data call requirements**" is 93%! These two areas are of somewhat greater concern than "payment in kind" (86%) and "lack of training" (74%). So, although the procedures are greatly improved since 2017, there is still much dissatisfaction over the administrative process associated with official NIH travel.

Among **African American** scientists at NIH, the number for high vs. very high priority were flipped with respect to the entire cohort (see second paragraph). 40% of these respondents rated travel issues as very high priority and 10% as high priority. This suggests a disproportionate impact of travel limitations on African Americans, although the same fraction of African American respondents (50%) as within the full cohort (52%), remain concerned (i.e. either high or very high priority) about travel.

With the new AOS document describing NIH-wide SOPs, being prepared in consultation with Dr. Alfred Johnson, we hope to remedy some of these problems. We know from our informal survey of AOS members in the past few months that practices vary across the ICs. We cannot expect to harmonize the travel SOPs NIH-wide, but we can help educate the NIH traveler.

NIH Assembly of Scientists Survey 2019: Clinical Research subcommittee

Overview:

Data from the survey conducted by the NIH Assembly of Scientists (AOS) in the Fall of 2019, with the support of Dr. Gottesman's office, from over 1000 federal scientists involved in the Intramural Research Program (IRP) is the basis for this analysis. 428 responders identified themselves as involved in, or dependent on clinical research occurring within the NIH IRP. This is the group of responders who were analyzed/summarized here.

Question 21 identified 8 factors with potential negative impact on the ability to carry out effective clinical research activities over the past year and the responders overwhelmingly identified Regulatory burden as #1 impediment, with 63% of responders considering regulatory burden as major or moderate obstacle and only 17% considering it not an obstacle. As second ranking impediment to effective clinical research the responders identified ongoing problems with NIH pharmacy.

Because responses from Staff Clinicians and Staff Scientists are reviewed in other subcommittees, this report further focuses on clinical PIs, which self-identified themselves as senior/tenured PIs (72), Tenure track PIs (18) and Assistant Clinical Investigators (9). Majority of clinical PIs are male (66%), senior investigators (74%) with >15 years at NIH (67.8%). Majority of Clinical PIs (75.7%) considered at least occasionally leaving NIH in the past year listing clinical research administrative burdens as #1 factor. This was significant increase in comparison to 2017 survey. While a minority, 19% of clinical PIs listed harassment/bullying as having major or moderate impact on their consideration to leave NIH.

Similarly to all clinical responders (423), also the subcohort of clinical PIs listed regulatory burden as #1 obstacle in their ability to do clinical research, with 75% of responders identifying regulatory burden as major or moderate obstacle. In the descending order of importance, the second limiting factor was clinical research staffing (i.e., nurses, schedulers, clinicians), followed by limited pharmacy services, limited access to investigational drugs and devices and limited availability or quality of clinical services. Only a minority of clinical PIs considered availability of inpatient (18.8%) or outpatient (28.8%) clinic space or staffing of these clinics/wards as having major or moderate impact on their research.

The goal of the AOS Clinical Research subcommittee this year was to identify solutions that may enhance job satisfaction or research effectiveness of clinical PIs. The following 5 solutions (listed in descending order) was endorsed by vast majority of clinical PIs: 1. Transparency in allocation of resources; 2. Ability to provide periodic anonymous feedback about supervisors or clinical support services; 3. Transparent/fair searches for leadership positions; 4. Transparent/fair promotion and tenure process and fair appeal process that is independent of the institute structures.

70.5% of Clinical PIs stated that the ability to contribute to decision-making process about issues that impact clinical research would very likely or likely improve their clinical research effectiveness. This number is staggering and suggests that majority of clinical PIs feel lack of voice in relevant decision-making process.

AOS subcommittee also proposed some trans-NIH initiatives that do require allocation of additional resources, but may significantly enhance clinical research at IRP. Two of these were supported by majority (56-60%) of clinical PIs: 1. Expanding access to expensive or non-FDA approved therapies by negotiating NIH-wide program with multiple drug companies in support of investigator-initiated interventional trials (such program is currently available only to NCI investigators) and 2. Enhancing manufacturing capacity at NIH for new therapeutic modalities (such as anti-sense oligonucleotides or cell products).

In conclusion, NIH Clinical Center is unique resource, essential for fulfillment of NIH mission of "Uncovering new knowledge that will lead to better health for everyone". The Clinical PIs are the driving force of the clinical research, but they are getting older and some planning to retire, consistently listing regulatory/administrative burdens as most impactful impediment to their research and work satisfaction. AOS identified many solutions to enhance efficiency of clinical research and most of these were supported by vast majority of clinical PIs. Most identified solutions cost no money, are consistent with NIH mission and their implementation has been proven to enhance creativity, work efficiency and work satisfaction in other organizations. They call for change in culture with commitment to transparency and fairness in allocation of resources, leadership positions, promotion and tenure. Majority of clinical PIs also support anonymous targeted feedback about efficiency of supervisors and clinical support services/staff. Other supported trans-NIH initiatives proposed at AOS survey require investment of money or resources ranging from low (e.g., central NIH office that negotiate access of NIH investigators to expensive or investigational drugs with pharma companies), moderate (e.g., sabbaticals and expansion of collaborative grants), or high (e.g., NIH manufacturing of cell-based therapies and anti-sense oligonucleotides). The comparison of 2017 and 2019 AOS survey results showed unexpected and dramatic increase in regulatory burdens on clinical PIs. The AOS subcommittee considers this the most pressing issue and has been actively considering possible long-term solution.